

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): William C. Olson and Paul J. Madden
Serial No. : 09/464,902 Examiner: Emily Le
Filed : December 16, 1999 Group Art Unit: 1648
For : SYNERGISTIC INHIBITION OF HIV-1 FUSION AND ATTACHMENT,
COMPOSITIONS AND ANTIBODIES THERETO

Mail Stop AF

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: May 13, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

- X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- _____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- _____ No additional fee is required.

The filing fee is calculated as follows:

Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
			Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	<u>52</u> - <u>44</u> = <u>8</u>	X	\$25	\$50	= <u>200</u>	
Independent Claims	<u>2</u> - <u>3</u> = <u>0</u>	X	\$100	\$200	= <u>0</u>	
Multiple Dependent Claim(s) Presented For First Time <u>X</u> Yes <u> </u> No			\$180	\$360	= <u>180</u>	
			TOTAL ADDITIONAL FEE \$ <u>380.00</u>			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

- One additional copy of this Amendment Transmittal Letter
- Return Receipt Postcard
- An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)
- A Petition for an Extension of Time, including a fee of
\$ 60.00 for a Petition for 1 Month(s) Extension of Time
- Other (identify):

THE TOTAL FEE DUE IS \$ 440.00.

- A check in the amount of \$ 440.00 is enclosed.
- Please charge Deposit Account No. in the amount of
\$.

- The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:
- Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

John P. White *SL13/05*

John P. White	Date
Reg. No. 28,678	